

WORK PERMIT

ILR / Work Order # 406249 Construction Job # _____ Tracking # _____ Account # _____
 1. Work requester fills out this section STANDING WORK PERMIT ☐

Requester: K JONES Date: 8-9-99 Ext. 6056 Dept/Div/Group: Phenix
 Other Contact person (if different from requester): Collins Ext. 7777
 Start Date _____ Estimated End Date _____
 Description of Work / Problem: _____

WELDING - REPAIR LEAK(S) IN RICH VESSEL
 Building 832 Room HIGH BAY Equipment _____

2. Work requester, work provider, and ES&H (as necessary) jointly fill out this section or attach analysis

Hazard Analysis

RADIATION CONCERNS

☒ NONE

- ☐ Activation ☐ Airborne ☐ Contamination ☐ Radiation ☐ OTHER _____
☐ Special nuclear materials involved (ES&H 3.7.0), notify Group Leader, Isotope Special Materials Group (SSD)
☐ Fissionable materials involved (ES&H 3.7.0), notify Laboratory Criticality Officer (DAT)

SAFETY CONCERNS

☐ NONE

- ☐ Adding / Removing Walls or Roofs ☐ Excavation (ES&H 1.18.0) ☐ Noise
☐ Asbestos ☒ Flammable (ES&H 4.10.2) ☐ Non-ionizing Radiation
☐ Biohazard ☐ Fumes/Mist/Dust ☐ Oxygen Deficiency
☐ Chemicals ☐ Heat/Cold Stress (ES&H 2.5.0) ☐ Penetrating Fire Wall
☐ Confined Space (ES&H 2.2.4) ☐ Hydraulic ☐ Pressurized Systems (ES&H 1.4.1)
☐ Corrosive ☐ Lasers (ES&H 2.3.1) ☐ Rigging/Critical Lift (ES&H 1.6.0)
☐ Cryogenic (ES&H 5.1.0) ☐ Lead ☐ Toxic
☐ Electrical (ES&H 1.5.0) ☐ Magnetic Field ☐ Vacuum
☐ Elevated Work ☐ Material Handling (ES&H 1.6.0) ☐ OTHER _____

VIROENMENTAL CONCERNS

☒ NONE

☐ OTHER _____

- ☐ Haz/rad materials will be released to the air via a new/modified ventilation system, hood, or stack (ES&H 6.1.4 and 6.1.5) ☐ New haz/rad materials will be released via the liquid effluent system to the sewage system or an impoundment (ES&H 6.1.2 and 6.1.3). Notify Regulatory Compliance Engineer, E. P. O. (ES&H Services) for permit.
☐ Acutely hazardous chemical

Waste Generated

☒ NONE

☐ Clean Waste

☐ PCB

☐ Hazardous Waste

☐ Radioactive Waste

☐ Mixed Waste

Waste disposition by: _____

Work Controls

- WORK PRACTICES** ☐ NONE ☐ Containment ☐ IH Survey ☐ Scaffolding - requires inspection
☐ Back-up Person/Watch ☐ Exhaust Ventilation ☐ Lockout/Tagout (ES&H 1.5.1) ☐ Time Limitation
☐ Barricades ☐ HP Coverage ☐ Posting/Warning Signs ☐ OTHER _____
- PROTECTIVE EQUIPMENT** ☐ NONE ☐ Ear Plugs ☒ Gloves ☐ Lab Coat ☒ Safety Glasses
☐ Coveralls ☐ Ear Muffs ☒ Goggles ☐ Respirator ☐ Safety Harness
☐ Disposable Clothing ☒ Face Shield ☐ Hard Hat ☐ Shoe covers ☒ Safety Shoes ☐ OTHER _____
- PERMITS REQUIRED** *Initial next to box to show who has responsibility to generate the permit*
☐ NONE ☐ Digging/Core Drilling (ES&H 1.18.0) ☐ Impair Fire Protection Sys. (ES&H 4.2.0)
☐ Confined Space Entry (ES&H 2.2.4) ☐ Electrical Working Hot (ES&H 1.5.0) ☐ Rad Work Permit (BNL RadCon Manual)
☒ Cutting/Welding (ES&H 4.3.0) ☐ Dept/Div Specific Permit
- DOSIMETRY/ MONITORING** ☒ NONE ☐ O₂/Combustible Gas ☐ Self-reading Dosimeter
☐ Heat Stress Monitor ☐ Passive Vapor Monitor ☐ Sorbent Tube/Filter Pump
☐ Noise Survey/Dosimeter ☐ Real Time Monitor ☐ TLD ☐ OTHER _____

Training Requirements (List below any location specific training requirements)

Based on analysis above, the Review Team determines the job hazard category:

JOB HAZARD CATEGORY: ☒ LOW ☐ MODERATE ☐ HIGH

☒ Work Coordination Only

Job Safety Analysis (JSA) Required? ☐ Yes ☒ No

Job is low hazard and skill-of-the-craft, the back side of the permit does not need to be filled out. Sign for concurrence.

Work Control Coordinator [Signature] Life # 14715 Work Provider [Signature] Life # 14782

FILE CODE: _____

3. Both work requester and work provider coordinate on work plan (use attachments for detailed plans)

Work Plan (procedures, timing, personnel, etc.): _____

Special Working Conditions Required: _____

Operational Limits Imposed: _____

Post Work Testing Required: _____

Configuration Control Review Required Yes No Walkdown performed Yes No

Reviewed By: *Note: Primary facility reviewer will dictate the other required signatures. The level of review shall be determined by the details of the work plan, hazards, and work controls necessary to perform the activity. Review done: ☐ in series ☐ team

Title	Name (print)	Signature	Life #	Date
<input type="checkbox"/> Primary Reviewer	_____	_____	_____	_____
<input type="checkbox"/> ES&H Services	_____	_____	_____	_____
<input type="checkbox"/> Requester/Contact	_____	_____	_____	_____
<input type="checkbox"/> Others *	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Job site personnel fills out this section

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements

Job Site Supervisor	Contractor Supervisor
Workers: _____ Life # _____	Workers: _____ Life # _____
_____	_____
_____	_____
_____	_____
_____	_____

5. Work Requester or designee fills out this section

Conditions are Appropriate to Start Work: (Work permit has been reviewed, work controls are in place, and site is ready for job.)

Name	Signature	Life #	Date
_____	_____	_____	_____

6. Work Requester determines if Post Job Review is required Yes No (Fill in names of reviewers)

Post Job Review:

Name: _____	Signature _____	Life #: _____	Date: _____
Name: _____	Signature _____	Life #: _____	Date: _____
Name: _____	Signature _____	Life #: _____	Date: _____
Close-out signature (as necessary): _____	Signature _____	Life #: _____	Date: _____

7. Worker provides feedback

Worker Feedback:

Is worker feedback required on this job? YES NO (attach feedback form)

Worker: Any feedback on safety concerns or
 on ways to improve the job? YES NO (ask for form if not attached)